

10/03/01



PTO

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10-04-01

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

or new non-provisional applications under 37 C.F.R. § 1.53(B))

|                                          |                                            |
|------------------------------------------|--------------------------------------------|
| Attorney Docket No.                      | S01.12-0718/STL 9917-9918                  |
| First Inventor or Application Identifier | Gary E. Bement et al.                      |
| Title                                    | SUSPENSION SYSTEM WITH ADJUSTABLE PRE-LOAD |
| Express Mail Label No.                   | EL844349349US                              |

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.Address To: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Sheets **21**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **14**]
- Oath or Declaration [Total Sheets **3**]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (Identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document
10. ☒ Information Disclosure Statement (IDS/PTO – PTO) ☒ Copies of IDS
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
13. ☐ \*Small Entity ☐ Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Request and Cert. Under 35 USC 122 (Non-Pub)
16. ☒ Other: File Data Sheet

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation –in part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE**☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

|         |                                                              |           |                |          |                |
|---------|--------------------------------------------------------------|-----------|----------------|----------|----------------|
| Name    | Deirdre Megley Kvale<br>WESTMAN CHAMPLIN & KELLY             |           |                |          |                |
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|                   |                      |                                   |         |
|-------------------|----------------------|-----------------------------------|---------|
| Name (Print/type) | Deirdre Megley Kvale | Registration No. (Attorney/Agent) | 35,612  |
| Signature         |                      | Date                              | 10/3/01 |

| <b>FEE TRANSMITTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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-------------|--|-----|-------|-----|-----|----------------------------------------|--|-----|-----|-----|-----|----------------------------------------|--|-----|-----|-----|-----|--------------------------|--|-----|-----|-----|----|-------------------------|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|-------------------------------------------------|--|-----|-----|-----|-----|----------------------------------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-----------------------------------------------|--|-----|-----|-----|-----|------------------------------------------------|--|-----|----|-----|----|----------------------------------------------------------------------------|--|---------------------------|--|--|--|--|--|------------------------|--|--|--|--|--|
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Gary E. Bement et al.                      |                                                                            |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
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SYSTEM WITH ADJUSTABLE PRE-LOAD |                                                                            |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                           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                         |               | Examiner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Total Amount of Payment    \$ 824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | Atty. Docket Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S01.12-0718/STL 9917-9918                  |                                                                            |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| <b>METHOD OF PAYMENT (Check One)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <b>FEE CALCULATION (Continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> .<br>Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | <b>3. ADDITIONAL FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>280</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,310</td> <td>241</td> <td>670</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,310</td> <td>242</td> <td>670</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>143</td> <td>490</td> <td>243</td> <td>260</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td colspan="6">Other Fee (specify) _____</td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>Subtotal (3) \$</b></td> </tr> </tbody> </table> |                                            | Large Entity                                                               |          | Small Entity    |          | Fee Description | Fee Paid | Code     | Fee (\$) | Code | Fee (\$) | 105    | 130                                                    | 205 | 65  | Surcharge - Late filing fee or oath |     | 127                                        | 50  | 227 | 25  | Surcharge - Late provisional Filing Fee or cover sheet |                                             | 139 | 130 | 139 | 130 | Non-English specification                       |                            | 147 | 2,520 | 147 | 2,520                                                   | For Filing a Request for Reexamination. (ex parte) |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 280 | 980 | Extension for reply within fifth month |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 148 | 110 | 248 | 55 | Terminal Disclaimer Fee |  | 140 | 110 | 240 | 55 | Petition to Revive - unavoidable |  | 141 | 1,310 | 241 | 670 | Petition to Revive - unintentional |  | 142 | 1,310 | 242 | 670 | Utility/Reissue issue fee (inc. advance copies) |  | 143 | 490 | 243 | 260 | Design issue fee (inc. advance copies) |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | Other Fee (specify) _____ |  |  |  |  |  | <b>Subtotal (3) \$</b> |  |  |  |  |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | Small Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                          | Fee Description                                                            | Fee Paid |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fee (\$)      | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 130           | 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 65                                         | Surcharge - Late filing fee or oath                                        |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 50            | 227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                                         | Surcharge - Late provisional Filing Fee or cover sheet                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 130           | 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Non-English specification                                                  |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2,520         | 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2,520                                      | For Filing a Request for Reexamination. (ex parte)                         |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 110           | 215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 400           | 216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 920           | 217                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1,440         | 218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1,960         | 280                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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                          | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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                          | Request for oral hearing                                                   |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                          | Terminal Disclaimer Fee                                                    |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 110           | 240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 55                                         | Petition to Revive - unavoidable                                           |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1,310         | 241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 670                                        | Petition to Revive - unintentional                                         |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                          | Utility/Reissue issue fee (inc. advance copies)                            |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 490           | 243                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Design issue fee (inc. advance copies)                                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                          | Petitions to the Commissioner                                              |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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                          | Petitions related to provisional applications                              |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                          | Submission of Information Disclosure Statement                             |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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                          | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                 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| Other Fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>Subtotal (3) \$</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>1. BASIC FILING FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 740</b></td> </tr> </tbody> </table>                                                                                                                                                                                  |               | Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Small Entity                                                               |          | Fee Description | Code     | Fee (\$)        | Code     | Fee (\$) | 101      | 740  | 201      | 370    | <input checked="" type="checkbox"/> Utility Filing Fee | 106 | 330 | 206                                 | 165 | <input type="checkbox"/> Design Filing Fee | 108 | 740 | 208 | 370                                                    | <input type="checkbox"/> Reissue Filing Fee | 114 | 160 | 214 | 80  | <input type="checkbox"/> Prov. Filing Fee       | <b>Subtotal (1) \$ 740</b> |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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EXTRA CLAIM FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>20</td> <td>20</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Indep.</td> <td>4</td> <td>3</td> <td>1</td> <td>84</td> <td>84</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Multiple Dependent Claims<br><br>** Insert 3 and 20, or number previously paid if greater, Reissue see below<br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (2) \$ 84</b></td> </tr> </tbody> </table> |               | Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                     | Small Entity                                                               |          | Description     | Code     | Fee (\$)        | Code     | Fee (\$) | 103      | 18   | 203      | 9      | Claims in excess of 20                                 | 102 | 84  | 202                                 | 42  | Independent claims in excess of 3          | 104 | 280 | 204 | 140                                                    | Multiple Dependent Claims                   | 109 | 84  | 209 | 42  | Reissue Independent Claims over Original Patent | 110                        | 18  | 210   | 9   | Reissue claims in excess of 20 and over original patent | <b>Subtotal (2) \$ 84</b>                          |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                      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| 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18            | 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                          | Claims in excess of 20                                                     |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 84            | 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42                                         | Independent claims in excess of 3                                          |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 280           | 204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 140                                        | Multiple Dependent Claims                                                  |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 84            | 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42                                         | Reissue Independent Claims over Original Patent                            |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                          | Reissue claims in excess of 20 and over original patent                    |          |                 |          |                 |          |          |          |      |          |        |                                                        |     |     |                                     |     |                                            |     |     |     |                                                        |                                             |     |     |     |     |                                                 |                            |     |       |     |                                                         |                                                    |  |     |     |     |    |                                        |  |     |     |     |     |                                         |  |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |
| <b>Subtotal (2) \$ 84</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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        |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |                           |  |  |  |  |  |                        |  |  |  |  |  |

Signature

(Deirdre Megley-Kvale)

Reg. No. 35.612Date 10/3/01Deposit Account No. 23-1123